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APPLICANTS
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** CONTINUING DATA ***** *none PL*

** FOREIGN APPLICATIONS ***** *no cert copy as of 11/23/04 PL*
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allwance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>PL</i>		

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TITLE
 Vasodilator pharmaceutical preparation and health food composition

FILING FEE RECEIVED 1544	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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